

EXHIBIT A-1

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June 25, 2021

O'NEILL & BORGES LLC

250 Avenida Muñoz Rivera, Local 800
San Juan, Puerto Rico 00918-1813

COUNSEL FOR THE OVERSIGHT BOARD

Hermann D. Bauer (USDC No. 215205)
Carla García-Benitez (USDC No. 203708)
Gabriel A. Miranda (USDC No. 306704)

**RE: CLAIM NUMBER (29152) EMPLOYEES RETIREMENT SYSTEM FOR THE GOVERNMENT
CLAIM NUMBER (28171) SALARY ADJUSTMENT**

The reason for my Claim against the Employees' Retirement System is that the Government of Puerto Rico used my contributions into the Retirement System without formal authorization or request, including to pay its creditors.

Also, [this was done] without any prior notice and without authorization or consent, in gross violation and to the detriment of public employees, rendering said System inoperative. This was done in gross violation of our rights, jeopardizing our future livelihoods. The account statement issued by the Retirement Systems Administration (sent along with the claim and on subsequent occasions) contains evidence of the contributions made. The additional basis for our claim and the timeframe involved, in terms of the Government of Puerto Rico's use of our Retirement contributions, are also detailed in the enclosed documents.

Act No. 3-2013, whereby the [retirement] systems were reformed, was enacted as a result of said actions and bad practices, freezing the pensions at the June 30, 2013 levels, and eliminating benefits that had been acquired under Act 447 of Retirement Systems and Act No. 1-1990, thus creating dislocation and inequity among public employees.

On the other hand, the Government of Puerto Rico, in gross violation of the legislation and regulations on compensation of public employees (**Act No. 5-1975, Act No. 89-1979, Act No. 184-2014, and Act No. 8-2017**) and equal pay for equal work, failed to implement pay scales to adjust them to the minimum wages granted as of 1986, keeping them inoperative. Regarding this claim, we have received no notifications whatsoever about the Salary Adjustment.

Ivelisse Navarro Cancel
Urb. Las Lomas
Calle 34 S O #1686
San Juan, Puerto Rico 00921
Mobile: (939-640-9687)
E-mail: lisvelisse@gmail.com

You may also submit your claim electronically by visiting <http://cases.primedclerk.com/puertorico/EPOC-Index>

Retirement

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 355368

EPOC ID: 170328300983

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E -- Employee Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E -- Obligaciones de Empleados como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

NAVARRO CANCEL, IVELISSE

Name of the current creditor (the person or entity to be paid for this claim)
Nombre del acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

260



<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién? _____</p>
<p>3. Where should notices and payments to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p>280</p> <p>NAVARRO CANCEL, IVELISSE CALLE 34 S-O # 1686 LIRE, LAS LOMAS SAN JUAN, PR 00921</p> <p>Name / Nombre _____</p> <p>Number / Número _____ Street / Calle _____</p> <p>City / Ciudad _____ State / Estado _____ ZIP Code / Código postal _____</p> <p>(939) 640-9687 Contact phone / Teléfono de contacto _____ Contact email / Correo electrónico de contacto <u>lisvelisse@gmail.com</u></p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) <u>Retirement System</u> Filed on / Presentada el <u>01/01/07 - 06/30/17</u> (MM/DD/YYYY) / (DD/MM/AAAA)</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____</p>

Part 2 / Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/.) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/.)</p> <p><u>Department of the Family</u></p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number / Número de proveedor / contrato: _____</p> <p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>42,715.82</u></p>

<p>8. How much is the claim? \$ <u>42,715.80</u></p> <p>¿Cuál es el importe de la reclamación?</p>	<p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim?</p> <p>¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p style="text-align: center;"><u>Contributions to the Retirement System</u></p>
<p>10. Is all or part of the claim secured?</p> <p>¿La reclamación está garantizada de manera total o parcial?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien:</p> <p><input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input checked="" type="checkbox"/> Other. Describe: <u>Monthly Deductions for Contributions to the Retirement System</u> Otro. Describir:</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: <u>Retirement System</u></p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: \$ <u>42,715.80</u></p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ <u>42,715.80</u></p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ <u>42,715.80</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso : \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>
<p>11. Is this claim based on a lease?</p> <p>¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ _____</p>

Modified Official Form 410

Proof of Claim

page 3

12. Is this claim subject to a right of setoff? ☐ No / No
☒ Yes. Identify the property / Si. Identifique el bien: Monthly deductions of Contributions to the Retirement System

¿La reclamación está sujeta a un derecho de compensación?

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☐ No / No
☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ 42,715.80

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 21-05-2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

Irvelisse Navarro Cancel
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo

Office Clerk III

Company / Compañía

Department of the Family

Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

#1686 C/34 SO U-6-Las Lomas
Number / Número Street / Calle
San Juan P.R. 00921
City / Ciudad State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto

(939) 640-487

Email / Correo electrónico

lisvelisse@gmail.com

Prime Clerk
A KROLL BUSINESS

Creditor Data Details - Claim # 29152

Creditor

NAVARRO CANCEL, IVELISSE

Debtor Name

Employees Retirement System of the Government of the Commonwealth of Puerto Rico

Date Filed

05/22/2018

Claim Number

29152

Schedule Number

983859

Claim Amounts

Claim Nature General Unsecured

Schedule Amount Undetermined

C* C

U* U

D*

Asserted Claim Amount \$42,715.80

C*

U*

F*

Current Claim Value \$42,715.80

Claim Status Subject to ACR

Claim Nature Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

Current Claim Value

Claim Status

Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$128,147.40
C*	
U*	
F*	
Current Claim Value	\$128,147.40
Claim Status	

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

Objection History

Date Filed	12/12/2019
Objection Motion	<u>Debtor's Omnibus Objection to Claims - One Hundr...</u>
Date Filed	01/13/2021
Objection Order	<u>ORDER GRANTING 9552 ONE HUNDRED SECOND OMNIBUS OB...</u>
Basis	Deficient
Status	Ordered

Prime Clerk maintains this website for the public's convenience and for general informational purposes only. Anyone using this website is cautioned NOT to rely on any information contained on this Website, and any user of this website should not take or refrain from taking any action based upon anything included or not included on this website. We are not a law firm or a substitute for an attorney or law firm. Users of this website may want to seek legal counsel on the particular facts and circumstances at issue. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") and Statements of Financial Affairs ("Statements") filed in the bankruptcy case/s of the Debtor/s. Nothing contained on this Site or in the Debtors' Schedules and Statements shall constitute an admission or a waiver of any of the Debtors' rights to assert claims or defenses. Any failure by a Debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an

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Three Hundred and Forty-Seventh Omnibus Objection
Exhibit A - Claims to Be Reclassified

		ASSERTED			CORRECTED		
NAME	CLAIM#	DEBTOR	PRIORITY STATUS	AMOUNT	DEBTOR	PRIORITY STATUS	AMOUNT
101 NAVARRO CANCEL, IVELISSE URB LAS LOMAS SO1686 CALLE 34 SAN JUAN, PR 00921	28171	Commonwealth of Puerto Rico	503(b)(9)	\$204,600.00	Commonwealth of Puerto Rico	Unsecured	\$204,600.00
		Commonwealth of Puerto Rico	Secured	\$204,600.00			
		Commonwealth of Puerto Rico	Unsecured	\$204,600.00			
		Subtotal	\$613,800.00				
Reason: Claimant asserted administrative priority under 11 U.S.C. § 503(b)(9), but proof of claim is not for goods sold and as such claimant is not entitled to administrative priority. The claimant also failed to provide prima facie evidence to support a secured claim. In addition, claimant asserted a total claim amount of \$204,600.00. Accordingly, claim has been reclassified in whole as a general unsecured claim in the amount of \$204,600.00.							
102 NAVARRO ROSARIO, ELIS N. COND VILLAS DEL GIGANTE 500 CALLE PASEO REAL APT520 CAROLINA, PR 00987	31601	Commonwealth of Puerto Rico	503(b)(9)	\$171,000.00	Commonwealth of Puerto Rico	Unsecured	\$171,000.00
		Commonwealth of Puerto Rico	Secured	\$171,000.00			
		Commonwealth of Puerto Rico	Unsecured	\$171,000.00			
		Subtotal	\$513,000.00				
Reason: Claimant asserted administrative priority under 11 U.S.C. § 503(b)(9), but proof of claim is not for goods sold and as such claimant is not entitled to administrative priority. The claimant also failed to provide prima facie evidence to support a secured claim. In addition, claimant asserted a total claim amount of \$171,000.00. Accordingly, claim has been reclassified in whole as a general unsecured claim in the amount of \$171,000.00.							
103 NAZARIO TORRES, HELGA PO BOX 815 CIDRA, PR 00739-0815	66344	Commonwealth of Puerto Rico	503(b)(9)	\$136,800.00	Commonwealth of Puerto Rico	Unsecured	\$136,800.00
		Commonwealth of Puerto Rico	Secured	\$136,800.00			
		Commonwealth of Puerto Rico	Unsecured	\$136,800.00			
		Subtotal	\$410,400.00				
Reason: Claimant asserted administrative priority under 11 U.S.C. § 503(b)(9), but proof of claim is not for goods sold and as such claimant is not entitled to administrative priority. The claimant also failed to provide prima facie evidence to support a secured claim. In addition, claimant asserted a total claim amount of \$136,800.00. Accordingly, claim has been reclassified in whole as a general unsecured claim in the amount of \$136,800.00.							

* Indicates claim contains unliquidated and/or undetermined amounts

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IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM BECAUSE THEIR RECORDS SHOW THAT YOUR CLAIM IS DEFICIENT.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
NAVARRO CANCEL, IVELISSE	29152	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$128,147.40
Reason:	Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO, PUESTO QUE LOS DATOS INDICAN QUE SU RECLAMO ES DEFICIENTE.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
NAVARRO CANCEL, IVELISSE	29152	5/22/2018	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	\$128,147.40
Base para:	La evidencia de reclamación tiene la intención de formular las responsabilidades asociadas con el Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico, pero no proporciona los fundamentos ni la documentación de respaldo para formular una reclamación contra dicho sistema, de manera que los Deudores no pueden determinar si el reclamante tiene una reclamación válida contra el Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico o cualquiera de los otros deudores en virtud del Título III.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

000091

***CUST PR 1845 SRF 38154 PackID: 91 MMLID: 355368 SVC: 102nd Omni
NAVARRO CANCEL, IVELISSE
CALLE 34 S-O # 1686
URB. LAS LOMAS
SAN JUAN, PR 00921

000091

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Claim Number	Creditor Name	ACR Procedures	Total Filed
28179	TORRES RAMOS, MAYRA E	Pension/Retiree Claims	\$ 168,236.64
28211	ACEVEDO GONZALEZ, BERNARDO	Pension/Retiree Claims	\$ 115,682.64
28256	MARTINEZ JOFFRE, ALICIA M.	Pension/Retiree Claims	\$ 187,366.44
28814	BAENGA VALLE, MARIA T	Public Employee & Pension/Retiree Claims	\$ -
28825	REYES ALVAREZ, IVONNE	Pension/Retiree Claims	\$ -
29152	NAVARRO CANCEL, IVELISSE	Pension/Retiree Claims	\$ 128,147.40
29574	SCHMIDT QUINONES, ASTRID	Pension/Retiree Claims	\$ 150,288.48
29575	TORRES ORTIZ, NORMA I.	Public Employee & Pension/Retiree Claims	\$ -
29760	MARTINEZ ORTIZ, MARIA M.	Public Employee & Pension/Retiree Claims	\$ -
29848	BAERGA VALLE, MARIA T	Public Employee & Pension/Retiree Claims	\$ -
30020	AGOSTO CARRASQUILLO, LISA M	Pension/Retiree Claims	\$ 194,167.08
30617	MORALES RODRIGUEZ, ZORAIDA	Public Employee & Pension/Retiree Claims	\$ -
30734	MORALES RODRIGUEZ, ZORAIDA	Public Employee & Pension/Retiree Claims	\$ -
31081	ALVARADO TORRES, NOELIA	Public Employee Claims	\$ -
31789	MERCADO VARGAS, CLARIBEL W	Pension/Retiree Claims	\$ -
31987	RODRIGUEZ GUILBE, MARIA E.	Public Employee Claims	\$ 15,000.00
32026	MERCADO VARGAS, MARIBEL S	Pension/Retiree Claims	\$ -
32189	RIVERA SANCHEZ, MANUEL A.	Pension/Retiree Claims	\$ 60,000.00
32402	AFANADOR MATOS, JORGE H	Pension/Retiree Claims	\$ 121,239.00
32587	RIVERA CENTENO, IVETTE	Pension/Retiree Claims	\$ 160,733.16
32741	ACEVEDO MESONERO, MYRIAM I.	Public Employee & Pension/Retiree Claims	\$ -

Case:17-03283-LTS Doc#:15086-1 Filed:11/11/20 Entered:11/11/20 20:54:21 Desc:
Exhibit A Page 5 of 33

Claim Number	Creditor Name	ACR Procedures	Total Filed
32809	SANTIAGO SERRANO, MADELINE	Pension/Retiree Claims	\$ 53,655.24
32866	ALVAREZ PANELLI, YOMAIRA	Pension/Retiree Claims	\$ -
33230	BERRIOS MERCADO, VICTOR	Public Employee & Pension/Retiree Claims	\$ 30,371.88
33235	TACORONTE BONILLA, VANESSA	Pension/Retiree Claims	\$ -
33313	MARTINEZ, GRACIA RUIZ	Public Employee & Pension/Retiree Claims	\$ 25,000.00
33364	FLORES SUAREZ, MARISOL	Public Employee & Pension/Retiree Claims	\$ -
33400	BERRIOS MERCADO, VICTOR	Public Employee & Pension/Retiree Claims	\$ 345,600.00
33507	MONTALVO VAZQUEZ, CARLOS A.	Public Employee & Pension/Retiree Claims	\$ -
33779	LARRAGOITY MURIENTE, LAURA	Public Employee & Pension/Retiree Claims	\$ -
34060	BAEZ LOPEZ, MARICELIS	Public Employee Claims	\$ -
34446	RODRIGUEZ MARTES, MELISA M.	Public Employee & Pension/Retiree Claims	\$ -
34462	SONIA SANCHEZ RAMOS	Pension/Retiree Claims	\$ -
34864	MALDONADO ESPINOSA, MODESTO	Public Employee Claims	\$ 11,400.00
35361	COTAY HAYS, NITZA	Public Employee Claims	\$ 6,500.00
35432	NEGRON MILLAN, YVONNE	Pension/Retiree Claims	\$ 37,431.20
35605	GARRIGA RODRIGUEZ, FERDINAND	Public Employee & Pension/Retiree Claims	\$ 18,600.00
36037	ARCE RODRIGUEZ, AMALIA N.	Public Employee Claims	\$ -
36415	RIVERA GARCIA, MYRNA	Pension/Retiree Claims	\$ -
36869	SMART MORALES, MELISSA A	Public Employee & Pension/Retiree Claims	\$ -
37017	SOTO CORCHADO, MARISOL	Public Employee & Union Grievance Claims	\$ -
37190	LOPEZ CARTAGENA, BELMARIS	Pension/Retiree Claims	\$ -

One Hundred and Second Omnibus Objection
Exhibit A - Deficient

NAME	DATE FILED	CASE NUMBER	DEBTOR	CLAIM #	ASSERTED CLAIM AMOUNT
912 NAVARRO ALVAREZ, ALEXIS URB VALLE VERDE F67 C/GRANADA HATILLO, PR 00659	5/24/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	25598	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
913 NAVARRO ALVAREZ, ALEXIS F-67 C/GRANADA HATILLO, PR 00659	5/24/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	28656	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
914 NAVARRO BAEZ, FRANCISCO PO BOX 40079 NUMELA STATION SAN JUAN, PR 00940	6/11/2018	17 BK 03283-LTS	Commonwealth of Puerto Rico	79561	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Commonwealth of Puerto Rico or any of the other Title III debtors					
915 NAVARRO CANCEL, IVELISSE CALLE 34 S-O # 1686 URB. LAS LOMAS SAN JUAN, PR 00921	5/22/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	29152	\$ 128,147.40
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					
916 NAVARRO CASTRO, MAGDA L URB. REXVILLE CALLE 29 DB-26 BAYAMON, PR 00957	6/28/2018	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	69955	Undetermined*
Reason: Proof of claim purports to assert liabilities associated with the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Employees Retirement System of the Government of the Commonwealth of Puerto Rico or any of the other Title III debtors					



GOVERNMENT OF PUERTO RICO
Puerto Rico Government and Judiciary Employees
Retirement Systems Administration

ESTIMATED ACCOUNT STATEMENT

January 16, 2020

Agency: 407 – ADMINISTRATION FOR FAMILIES AND CHILDREN

IVELISSE NAVARRO CANCEL
URB LAS LOMAS
SO-1686 CALLE 34
SAN JUAN, PR 00921

Social Security: XXX-XX-4253

Based on the information in our records, as of January 16, 2020, you have:

Date of Birth: [REDACTED] 1965

Gender: Female

Date of Entry into Public Service: August 30, 1994

Contribution Start Date: August 30, 1994

Act 1 as of June 30, 2013	Act 3-2013 as of June 30, 2017	Act 106
Years Credited: 19	Time Worked: 4	Time Worked: 2.42
	Contributions: 10,693.00	Contributions: 5,626.74
	Interest: 863.20	Interest: 0.00
	Bookkeeping Expenses: 0.00	Bookkeeping Expenses: 0.00
Uncontributed Service		
Paid: 0.00		
Time: 0.00		
Balance Accrued: 34,999.34	Total Contributions: 11,556.20	Total Contributions: 5,626.74
Benefit: 606.21	Benefit: 58.92	Benefit: 0.00

The balances reflected herein for Individual Contribution and Years of Service are subject to review.

In the event that the information does not match your records, you should contact the Coordinator for Retirement Affairs of your Agency, Municipality, or entity.

We remind you that prior to filing a pension application, you must request your official Account Statement through your Coordinator.

Cordially,

Account Statement Unit
Participants Area



Centro Gubernamental Minillas, Torre Norte, Piso 7, San Juan, PR 00940 • PO Box 42003 San Juan, P.R. 00940-2203

☎ 787.754.4545 • www.retiro.pr.gov

*Certified to be a correct and true translation from the source text in Spanish to the target language English.
17/AUGUST/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote “Act 96” as the basis for your claim, please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following address:

<u>By Mail</u>	<u>Hand Delivery or Overnight Mail Service</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☒ Other (Provide as much detail as possible below. Attach additional pages if needed.)

The Government disposed of our contributions to the retirement system

2. What is the amount of your claim (how much money do you claim to be owed):

\$ 42,715.80

Proof of Claim Number: 29152

Claimant:

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. *Please continue to Question 4.*

☒ Yes. **Answer Questions 3(a)-(d).**

3(a). Identify the specific agency or department where you were or are employed:

Department of the Family (ADFAN)

3(b). Identify the dates of your employment related to your claim:

01-01-2007 / 06-30-2017e

3(c). Last four digits of your social security number: XXX-XX-4253

3(d). What is the nature of your employment claims (select all that apply):

☐ Retirement

☐ Unpaid Wages

☐ Sick Days

☐ Union Grievance

☐ Vacation

☒ Other (Provide as much detail as possible. Attach additional pages if necessary).

Monthly deduction of contribution to the Retirement System 01-01-2007 / 06-30-2017

4. Legal Action. Does your claim relate to a pending or closed legal action?

☒ No.

☐ Yes. **Answer Questions 4(a)-(f).**

4(a). Identify the department or agency that is a party to the action.

Department of the Family (ADFAN)

4(b). Identify the name and address of the court or agency where the action is pending:

Retirement System

4(c). Case number: Retirement Systems Administration

4(d). Title, Caption, or Name of Case:

Contributions to the Retirement System

Proof of Claim Number:
Claimant:

4(e). Status of the case (pending, on appeal, or concluded):

Pending resolution

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

No



/Department of the Family. Government of Puerto Rico/

CERTIFICATION

I hereby certify that Mrs. Ivelisse Navarro Cancel, bearer of social security number XXX-XX-4253, has worked at the Department of the Family – Administration for Families and Children, since August 1, 2008.

Her job title is Office Clerk III, with Career – Regular status. She earns a salary of \$2,835.00 per month.

This certification is issued at the request of Mrs. Navarro, on this date, January 16, 2020, according to the information contained in the Automated Human Resources System (RHUM) of the Department of Treasury.


Carmín Rodríguez Negrón
Assistant Human Resources Administrator

Edif. Roosevelt Plaza 185 • PO Box 11398, San Juan, PR 00910-1398 • 787.294-4900 ext.1666
Corresponding Administration • Office of Origin • Program



GOVERNMENT OF PUERTO RICO
Puerto Rico Government and Judiciary Employees
Retirement Systems Administration

ESTIMATED ACCOUNT STATEMENT

June 09, 2021

Agency: 407 – ADMINISTRATION FOR FAMILIES AND CHILDREN

IVELISSE NAVARRO CANCEL
URB LAS LOMAS
SO-1686 CALLE 34
SAN JUAN, PR 00921

Social Security: XXX-XX-4253

Based on the information in our records, as of June 09, 2021, you have:

Date of Birth: [REDACTED] 1965
Date of Entry into Public Service: August 30, 1994
Contribution Start Date: August 30, 1994

Gender: Female

Act 1 as of June 30, 2013	
Years Credited:	19
Uncontributed Service	
Paid:	0.00
Time:	0.00
Balance Accrued:	34,999.34
Benefit:	606.21

Act 3-2013 as of June 30, 2017	
Time Worked:	4
Contributions:	10,693.00
Interest:	863.20
Bookkeeping Expenses:	0.00
Total Contributions:	11,556.20
Benefit:	58.92

The balances reflected herein for Individual Contribution and Years of Service are subject to review.

In the event that the information does not match your records, you should contact the Coordinator for Retirement Affairs of your Agency, Municipality, or entity.

We remind you that prior to filing a pension application, you must request your official Account Statement through your Coordinator.

Cordially,

Account Statement Unit
Participants Area



Centro Gubernamental Minillas, Torre Norte, Piso 7, San Juan, PR 00940 • PO Box 42003 San Juan, P.R. 00940-2203
☎ 787.754.4545 • 🌐 www.retiro.pr.gov

Minimum
Wage

ou may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

MMLID: 1221573

EPOC ID: 170356600270948

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03263	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03586	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Debtor Employees Retirement System of the Government of the Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule F - Participant Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Employees Retirement System of the Government of the Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule F - Obligaciones de los participantes como un reclamo Contingente, Sin liquidar no asegurado por un monto indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quiénes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

IVELISSE NAVARRO CANCEL

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor



Modified Official Form 410

Proof of Claim

page 1

USDC v01 02.15.2018



<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____</p>
<p>3. Where should notices and payments to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p>
<p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>IVELISSE NAVARRO CANCEL URB LAS LOMAS 501686 CALLE 34 SAN JUAN PR 00921</p> <p>Name / Nombre _____ Number / Número _____ Street / Calle _____ City / Ciudad _____ State / Estado _____ ZIP Code / Código postal _____ Contact phone / Teléfono de contacto (939) 640-9687 Contact email / Correo electrónico de contacto ivelisse@gmail.com</p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo). 2016-05-1340 Filed on / Presentada el 01-01-1969 / 30-06-17 (MM/DD/YYYY) / (DDMM/AAAA) Group III Case: Madeline Acevedo Camacho Has not been paid</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? Ivonne Gonzalez Morales, Esq. & Madeline Acevedo Colon, Esq.</p>

<p>Part 2 / Parte 2:</p>	
<p>Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.</p>	
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primeclerk.com/puertorico/.) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primeclerk.com/puertorico/.) <u>Department of the Family</u></p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number / Número de proveedor / contrato: _____ List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017. \$ <u>204,600</u></p>

Modified Official Form 410

Proof of Claim

page 2

US904 v.01 02-15-2018

<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p>\$ <u>204,600</u></p>	<p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p style="text-align: center;"><u>Federal Minimum Wage</u></p>	
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input checked="" type="checkbox"/> Other. Describe: Otro. Describir: <u>Said debt was acknowledged, there was</u></p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: <u>precedent</u> <u>Group I was paid in full, and Group II was paid 25%</u></p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: \$ <u>204,600</u></p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ <u>204,600</u></p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ <u>204,600</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>	
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____</p>	

Modified Official Form 410

Proof of Claim

page 3

US905 v.01 02-15-2018



12. Is this claim subject to a right of setoff?	<input type="checkbox"/> No / No
¿La reclamación está sujeta a un derecho de compensación?	<input checked="" type="checkbox"/> Yes. Identify the property. Sí. Identifique el bien: <u>Compensation material</u> <u>(Minimum federal wage)</u>
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	<input type="checkbox"/> No / No
¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?	<input checked="" type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ <u>204,600</u> Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:	
Sign Below / Firmar a continuación	
<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).</p> <p>Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.</p>	<p>Check the appropriate box / Marque la casilla correspondiente:</p> <p><input checked="" type="checkbox"/> I am the creditor. / Soy el acreedor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.</p> <p>Executed on date / Ejecutado el <u>27-05-2018</u> (MM/DD/YYYY) / (DD/MM/AAAA)</p> <p>Signature / Firma <u>[Handwritten Signature]</u></p> <p>Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:</p> <p>Name <u>Lisvelisse</u> <u>Navarro Cancel</u> First name / Primer nombre Middle name / Segundo nombre Last name / Apellido</p> <p>Title / Cargo <u>Office Clerk III</u></p> <p>Company / Compañía <u>Department of Family</u> Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.</p> <p>Address / Dirección <u>#1686</u> <u>calle 34 50 Urb Las Lomas</u> Number / Número Street / Calle</p> <p><u>San Juan</u> <u>P.R.</u> <u>00921</u> City / Ciudad State / Estado ZIP Code / Código postal</p> <p>Contact phone / Teléfono de contacto <u>(939) 640-9687</u> Email / Correo electrónico <u>lisvelisse@gmail.com</u></p>

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Commonwealth of ...



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Navarro Cancel, Ivelisse

advanced  

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Schedule 270948

Claim # 28171

Filed Date 05/22/2018

Creditor Name NAVARRO CANCEL, IVELISSE

Debtor Name Commonwealth of Puerto Rico

Claim Value \$613,800.00

Schedule 983859

Claim # 29152

Filed Date 05/22/2018

Creditor Name NAVARRO CANCEL, IVELISSE

Debtor Name Employees Retirement System of the Government of the Commonwealth of Puerto Rico

Claim Value \$128,147.40

« < Page 1 of 1 » > »

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Creditor Data Details - Claim # 28171

Creditor

NAVARRO CANCEL, IVELISSE

Debtor Name

Commonwealth of Puerto Rico

Date Filed

05/22/2018

Claim Number

28171

Schedule Number

270948

Claim Amounts

Claim Nature General Unsecured

Schedule Amount Undetermined

C* C

U* U

D*

Asserted Claim Amount \$204,600.00

C*

U*

F*

Current Claim Value \$204,600.00

Claim Status Asserted

Claim Nature Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature Secured

Schedule Amount

C*

U*

D*

Asserted Claim Amount \$204,600.00

C*

U*

F*

Current Claim Value \$204,600.00

Claim Status Asserted

Claim Nature 503(b)(9) Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount \$204,600.00

C*

U*

F*

Current Claim Value \$204,600.00

Claim Status Asserted

Claim Nature Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$613,800.00
C*	
U*	
F*	
Current Claim Value	\$613,800.00

Claim Status

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

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IVELISSE NAVARRO CANCEL
URBANIZACION LAS LOMAS
SO 1696 CALLE 34 SAN JUAN,
PUERTO RICO 00921



7021 0350 0001 3441 2698



1000



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TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 28171 (1)**

Signed this 16th day of August 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

